

**Relevant Microscopic Findings in the Liver - Incidence (p value)**

Dose (mg/kg/day):	Males					Females				
	0	2	5	20	50	0	2	5	20	50
<i>N</i>	85	83	85	84	85	85	84	85	85	85
Hypertrophy	19	43 (.000)	38 (.013)	38 (.004)	27 (.133)	12	27 (.002)	26 (.004)	18 (.162)	14 (.359)
Benign Hepatoma	24	24 (.748)	24 (.388)	31 (.106)	25 (.646)	11	12 (.516)	17 (.176)	19 (.073)	14 (.168)
Hepatocarcinoma	10	12 (.568)	19 (.201)	18 (.134)	26 (.001)	2	5 (.268)	3 (.577)	11 (.006)	7 (.023)
All Liver Tumors <sup>1</sup>	28	31 (.671)	40 (.181)	40 (.045)	41 (.072)	11	14 (.420)	19 (.087)	26 (.002)	19 (.019)

<sup>1</sup>Note: tumor types and criteria for combining these tumors were not specified in the Sponsor's report.

A table of the incidence of all primary neoplasms in the mouse dietary carcinogenicity study is provided in Attachment 2.

### MOUSE STUDY COMMENTS

This study was adequately designed and with sufficient survival to ascertain the carcinogenic potential of CGP 25827A when administered to mice at levels of 0, 2, 5, 20, and 50 mg/kg/day for two years. The selected doses provided an acceptable margin (>25 fold) of plasma AUC rodent to human ratios. The NOEL for the liver neoplasia was 5 mg/kg/day for males (all liver tumors) and females (carcinoma and all liver tumors). The NOEL for the neoplastic findings in female reproductive organs was not identified in this study.

Findings in the female genital tract (leiomyoma and leiomyosarcoma) are a known response to this class of drug in mice (Gibson et. al. 1987, Sells and Gibson, 1987). The incidence of these findings in the treated groups indicates that adequate doses and bioavailability of CGP 25827A were present in the mice of this study to ascertain the carcinogenic potential of the test compound.

### OVERALL CONCLUSION

Two of the four carcinogenicity studies with Formoterol fumarate are considered to have been adequately designed and with sufficient survival to ascertain the carcinogenic potential of Formoterol fumarate in the species and strains tested, based on two criteria. The first criteria is consistent with the ICH Guideline on Dose Selection for Carcinogenicity Studies of Pharmaceuticals, in that doses achieved or exceeded the minimum exposure of a 25 fold ratio of rodent to human plasma AUC. The second criteria is the demonstration of tumor types known to be reliable markers of the carcinogenic potential of  $\beta$  agonists.

Using the criteria described in the ICH Guideline, dose selection was acceptable based on plasma AUC drug levels. The AUC values for humans were determined to be 1.3 after a 200  $\mu$ g oral dose and 1.3 after a 120  $\mu$ g inhalation dose. The following table illustrates the rodent to human plasma AUC ratios relevant to dose setting for these studies.

Species	Sex	Dose mg/kg/day	AUC $\mu\text{mol}\cdot\text{h/L}$	Multiple of maximum daily dose
Rat	♂	2.0	17	32
	♂	5.0	46.9	88
	♂	10.0	219.1	412
	♂	12.5	267.6	503
	♀	12.5	317.3	596
	♂	25	560.3	1060
	♀	25	814.1	1530
	♂	50	1420.4	2670
	♀	50	4856.6	9129
Mouse	♂	6	130	244
	♂	60	1100	2068

The presence of female reproductive organ tumors (leiomyomas and/or leiomyosarcomas) is a reliable marker of the carcinogenic response to  $\beta$  agonists (Sells and Gibson, 1987); only the dietary studies in rats and mice yielded this result. The incidence of this rare tumor was 0/70, 0/70, 1/70, 1/70, and 3/70 for Groups 1 - 5 female rats, respectively and the incidence of leiomyoma + leiomyosarcomas was 4/85, 16/84, 16/85, 16/85 and 22/85 for Groups 1 - 5 female mice, respectively. The response was detected only in the high dose (20 mg/kg/day) for rats but was present for all treated groups (as low as 2 mg/kg/day) of mice.

#### **QUESTION FOR DISCUSSION**

What tumors should be included in the labeling?

Should tumors from studies where the MTD was clearly exceeded be included in the label?

/S/

Tracey Zoetis, M.S.  
Pharmacology/Toxicology Reviewer

/S/

Hilary Sheevers, Ph.D.  
Team Leader

## ATTACHMENT 1

Incidence of Neoplastic Lesions Observed in the  
Dietary Carcinogenicity Study with Formoterol fumarate in Rats

Organ	Finding	Incidence									
		Males					Females				
		Dose: 0		.05		2		5		20	
<i>Adenohypophysis</i>	cholesterol granuloma	1	1	0	0	0	0	0	0	0	0
	adenoma	33	31	31	28	29					
<i>Adrenal</i>	leukemic infiltration	0	0	0	1	0					
	malignant lymphoma infiltration	0	0	0	1	1					
<i>Adrenal cortex</i>	leukemic infiltration	0	1	0	1	1					
	carcinoma	1	0	1	0	0					
	adenoma	2	5	5	3	6					
<i>Adrenal medulla</i>	myelolipoma	0	0	0	1	0					
	benign tumor	5	3	2	3	3					
	malignant tumor	0	2	0	2	0					
<i>Bone</i>											
<i>Bone Marrow</i>	osteogenic sarcoma	1	1	1	1	0					
	malignant lymphoma	0	1	1	1	2	1	0	0	2	0
<i>Brain</i>	leukemic infiltration	0	1	0	1	1	1	0	1	0	0
	malignant astrocytic glioma	0	1	0	1	1					
<i>Cerebral Meninges</i>	oligodendroglioma	1	0	0	0	0					
<i>Ear</i>	hemangioma	0	0	1	0	0					
<i>Epididymis</i>	granuloma	4	0	3	8	4					
	spermatic granuloma	1	0	0	0	1					
<i>Heart</i>	leukemic infiltration	0	1	0	0	0					
	angiosarcoma metastasis	0	1	0	0	0					
	malignant lymphoma infiltration	0	0	0	0	1					
	leukemic infiltration	0	0	0	1	0					
<i>Hematopoietic tissue</i>											
<i>Kidney</i>	myeloid leukemia	0	1	0	1	1	1	0	1	0	0
	adenoma	0	1	0	0	0					
	carcinoma						1	0	0	0	0
	lipoma	0	0	1	0	0					

Organ	Finding	Incidence									
		Dose:				Males		Females			
		0	.05	2	5	20	0	.05	2	5	20
<i>Large intestine</i>	malignant lymphoma	0	0	1	1	2	0	0	0	2	0
	leukemic infiltration	0	1	0	1	1	1	0	1	0	0
	leiomyoma						1	0	0	0	0
<i>Liver</i>	malignant lymphoma infiltration						1	0	0	0	0
	benign hepatoma	0	0	0	2	1	1	1	0	0	1
	fibrosarcoma infiltration	0	0	0	0	1					
<i>Lung</i>	leukemic infiltration	0	1	0	1	1	1	0	0	2	0
	malignant lymphoma infiltration	1	0	0	2	0					
	granuloma	0	0	0	2	0	1	0	2	1	2
<i>Lymph node</i>	foreign body granuloma	2	2	1	0	1	0	0	0	0	1
	carcinoma metastasis	0	0	1	1	0	2	1	1	1	2
	squamous cell carcinoma	1	0	0	0	0					
	squamous cell carcinoma metastasis	0	1	0	0	0					
	angiosarcoma metastasis	0	1	0	0	0					
	ostio-genic sarcoma metastasis	1	0	0	1	0					
	malignant lymphoma infiltration	0	0	0	1	1	1	0	0	0	0
	leukemic infiltration	0	1	0	1	1	1	0	1	0	0
	hemangioma	1	0	0	0	0	0	1	1	0	0
	angiosarcoma	0	0	0	1	0					
<i>Lymphoreticular tissue</i>	malignant lymphoma infiltration	0	0	1	1	2	1	0	0	1	0
	leukemic infiltration	0	1	0	1	1	1	0	1	0	0
	malignant lymphoma	0	1	1	1	2	1	0	0	2	0
<i>Mediastinum</i>	benign mesothelioma	1	0	0	0	0					
	angiosarcoma metastasis	0	1	0	0	0					
<i>Mouth</i>	foreign body granuloma	0	1	0	0	0					
	squamous cell carcinoma	0	0	1	1	0	0	0	1	1	1
<i>Mammary</i>	leukemic infiltration						1	0	1	0	0
	adenoma						4	1	4	4	3
	carcinoma	0	0	0	1	0	9	14	17	10	10
	fibroadenoma	3	1	1	0	3	29	30	24	32	22
	papilloma						1	0	0	0	0
	fibroma						1	0	3	1	1
	malignant lymphoma infiltration						1	0	0	0	0





Organ	Finding	Incidence									
		Dose:				Males		Females			
		0	.05	2	5	20	0	.05	2	5	20
	carcinoma						1	0	0	0	1
	malignant neuronoma	0	0	0	1	0					
	histiocytic sarcoma	1	0	0	0	0					
<i>Urinary bladder</i>	granuloma	0	0	1	0	0					
	transitional cell papilloma	1	0	0	3	1	0	1	0	0	0
	leukemic infiltration	0	1	0	1	0	0	0	1	0	0
<i>Uterus</i>	hemangioma										
	malignant lymphoma infiltration										
<i>Zymal gland</i>	leukemic infiltration										
	squamous cell carcinoma infiltration	0	0	1	0	0					
	sebaceous squamous cell carcinoma	0	1	0	0	0					

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ON ORIGINAL

## ATTACHMENT 2

Incidence of Neoplastic Lesions Observed in the  
Dietary Carcinogenicity Study with Formoterol fumarate in Mice

Organ	Finding	Incidence									
		Dose:					Incidence				
		0	.05	Males		20	0	.05	Females		20
				2	5				2	5	
<i>Adenohypophysis</i>	adenoma						5	9	8	4	5
<i>Adrenal cortex</i>	adenoma	3	4	1	3	1					
<i>Adrenal medulla</i>	benign medullary tumor	0	0	0	1	0	1	0	0	0	0
<i>Bone</i>	malignant medullary tumor	0	1	0	0	0	1	0	0	0	0
<i>Bone Marrow</i>	osteoma						0	0	0	1	0
<i>Brain</i>	malignant lymphoma	0	0	0	1	0					
	malignant neurinoma	1	0	0	0	0					
<i>Fallopian tube</i>	leiomyoma						0	1	0	0	0
<i>Harderian gland</i>	carcinoma	2	4	3	0	4	0	1	0	0	0
<i>Kidney</i>	adenoma	18	13	22	19	21	14	4	6	10	3
	carcinoma	0	0	1	0	0					
	adenoma	0	1	0	0	0					
	nephroblastoma	0	1	0	0	0					
<i>Large intestine</i>	mucinous carcinoma	5	1	4	1	3	0	1	1	0	0
<i>Liver</i>	leiomyoma	0	0	1	0	0					
	benign hepatoma	18	19	21	24	15	9	8	16	17	12
	hepatocellular carcinoma	10	12	19	17	26	1	5	3	10	7
	hepatoblastoma	1	2	0	0	0	0	1	0	0	0
	hemangioma	0	0	0	0	1	0	0	0	1	0
	angiosarcoma	2	1	1	1	0	2	0	1	0	2
<i>Lung</i>	lipoma						0	1	0	0	0
	carcinoma	11	12	6	8	9	6	4	4	6	4
<i>Lymphoreticular tissue</i>	adenoma	13	13	20	14	17	10	11	10	7	8
<i>Mediastinum</i>	malignant lymphoma	13	13	17	21	17	35	32	36	31	29
<i>Mammary</i>	hibernoma	0	0	0	0	1					
	carcinoma						3	1	2	1	4
	adenocarcinoma						6	7	8	5	6
	benign mixed tumor						0	0	0	0	1



Organ	Finding	Incidence										
		Males					Females					
		Dose:	0	.05	2	5	20	0	.05	2	5	20
<i>Uterus</i>	leiomyoma							4	10	13	14	16
	leiomyosarcoma							0	3	2	3	5
	carcinosarcoma							0	0	0	0	1
	hemangioma							1	0	0	0	0
	benign granular cell tumor							1	0	0	0	0
<i>endometrium</i>												
<i>Vagina</i>	unspecified sarcoma							1	0	0	0	1
	leiomyoma							0	2	0	0	1
	leiomyosarcoma							0	0	1	0	0

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**ABBREVIATIONS FOR TUMOR SITE IDENTIFICATION\***

Aden=adenoma  
AG = adrenal gland  
B = brain  
BD = bile duct  
Carc=carcinoma  
CG = clitoral gland  
CS = circulatory system (e.g. hemangioepithelioma/sarcoma)  
HG = harderian gland  
HS = hematopoietic system (e.g. leukemia; lymphoma)  
I = intestine  
IS = integumentary system (e.g. connective tissue)  
K = kidney  
L = liver  
LU = lung  
MG = mammary gland  
MT = mesothelial tissue  
N = nose  
O = ovary  
OC = oral cavity  
OST= osteosarcoma in bone  
PG = preputial gland  
PTG= pituitary gland  
S = stomach  
SB = subcutaneous tissue  
SK = skin  
SP = spleen  
TG = thyroid gland  
TV = tunica vaginalis  
U = uterus  
ZG = zymbals gland

\* R. W. Tennant and J. Ashby, Mutation Research, 257 (1991), 209-227.

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## REFERENCES

- Gibson, J.P., Sells, D.M., Cheng, H.C. and Yuh, L. 1987. Induction of Uterine Leiomyomas in Mice by Medroxalol and Prevention by Propanol. *Toxicologic Pathology* 15(4):468-473.
- Goodman, J.I., Ward, J.M., Popp, J.A., Klaunig, J.E., and Fox, T.R. 1991. Mouse Liver Carcinogenesis: mechanisms and relevance. *Fundamental and Applied Toxicology* 17:651-665.
- Jack, D., Poynter, D. and Spurling, N.W. 1983. Beta-adrenoceptor stimulants and mesovarian leiomyomas in the rat. *Toxicology* 28:315-329.
- Kelly, W.A., Marler, R.J., and Weikel, J.H. 1993. Drug-induced mesovarial leiomyomas in the rat – a review and additional data. *Journal of the American College of Toxicology* 12:13-22.
- Sells, D.M. and Gibson, J.P. 1987. Carcinogenicity Studies with Medroxalol Hydrochloride in Rats and Mice. *Toxicologic Pathology* 15(4) 458-467.

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ON ORIGINAL

3 PAGE(S) REDACTED

Draft

Food and Drug Administration  
Rockville MD 20857

JUL 31 1998

George W. Bensch, M.D.  
Immunology & Asthma Medical Group, Inc.  
4628 Georgetown Place  
Stockton, California 95207

Dear Dr. Bensch:

On March 9-24, 1998, Ms. Cynthia L. Evitt, representing the Food and Drug Administration (FDA), conducted an inspection of your conduct, as investigator of record, of a clinical study (Protocol No. 40) of the investigational drug Foradil™ (formoterol fumarate) dry powder capsules for inhalation, performed for Novartis Pharmaceuticals Corporation. This inspection is a part of FDA's Bioresearch Monitoring Program, which includes inspections designed to validate clinical studies on which drug approval may be based and to assure that the rights and welfare of the human subjects of these studies have been protected.

From our evaluation of the inspection report and of the documents submitted with that report, we found some deviations from the pertinent federal regulations and/or good clinical investigational practices. The inspectional observations were listed on the Form FDA 483 and discussed with you at the close of the inspection. We acknowledge the explanations you provided in your letter dated May 20, 1998. Your letter will be included as a permanent part of the inspection records.

We appreciate the cooperation shown Ms. Evitt during the inspection.

Sincerely yours,

/S/

Bette L. Barton, Ph.D., M.D.  
Chief  
Clinical Investigations Branch  
Division of Scientific  
Investigations  
Office of Compliance  
Center for Drug Evaluation  
and Research

Page 2 - George W. Bensch, M.D.

CFN: 2953107

Field classification: VAI

Headquarters classification:

- 1) NAI
- 2) VAI-no response required
- 3) VAI-response requested

Deficiencies noted:

failure to report all AE

failure to use the current approved consent form

If the Field and Headquarters classifications are different, explain why: The CI explained satisfactory in his letter dated May 20, 1998

cc:

HFA-224

HFD-570 Doc. Rm. NDA #20-831

HFD-570 Review Div. Dir.

HFD-570 MO (ANTHRACITE)

HFD-570 PM (JANI)

HFD-340 Reading File

HFD-344 Chron File

HFD-344 CIB File 9602

HFD-344 CIB REVIEWER (JU)

HFR-PA150 DIB (MOSS)

HFR-PA150 BIMO MONITOR (MCGIRL)

HFR-PA1535 FIELD INSPECTOR (EVITT)

\* The result of Foradil audit sheet was FAXED to Dr. Anthracite on July 21, 1998

APPEARS THIS WAY  
ON ORIGINAL

Division of Manufacturing and Product Quality, HFD-320  
7520 Standish Place  
Rockville, Maryland 20855-1737TELEPHONE: (301) 594-0093  
FAX: (301) 594-2202

AUG 21 1998

Dr. Alex Krauer  
Chairman, Board of Directors  
Novartis Pharma AG  
CH-4332 Schaffhauserstrasse  
Stein, Switzerland

Dear Dr. Kraeur:

Thank you for the May 14, 1998 correspondence responding to our April 23, 1998 letter regarding CGMP issues raised during an inspection of the Stein, Switzerland facility (in February of this year). In addition, representatives of your firm met with our office on July 10, 1998.

Your firm's correspondence appears to provide an adequate action plan for meeting CGMP requirements. The acceptability of the implementation of these corrections will be confirmed in our next scheduled inspection. While some corrections remain outstanding, we are classifying your firm as an acceptable supplier of aseptically processed pharmaceuticals based upon your written and verbal commitments (the latter during our meeting of July 10). Please keep our office updated on the status of promised corrections and advise us in the event that stated timelines for corrections are altered.

In addition, please continue to send us copies of microbiological and particulate environmental monitoring results outside established alert and action levels for batches for US supply manufactured in \_\_\_\_\_. Please also provide the deviation investigation reports for any microbiological environmental data which exceeds alert or action limits.

If I can provide any further information, feel free to contact me at (301) 594-0095.

Sincerely,

/S/

Richard L. Friedman,  
Consumer Safety Officer  
Investigations and Pre-approval  
Compliance Branch

CC:

A.N. Karabelas, Ph.D.  
Executive Committee Member  
Head of Healthcare Division and Pharma Sector  
Novartis Pharma AG  
CH-4002 Basel, Switzerland

Stuart Heir  
Head of Worldwide Corporate QA  
Novartis International AG  
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Ann Bailey  
Vice President Corporate QA, North America  
Novartis  
59 Route 10  
E. Hanover, NJ 07936-1080

APPEARS THIS WAY  
ON ORIGINAL



MAR 9 1998

Stephen J. Pollard, M.D.  
Allergy & Asthma Research Institute  
9800 Shelbyville Road, Suite 220  
Louisville, Kentucky 40223

Dear Dr. Pollard:

Between November 19 and 26, 1997, Inspector Dia D. Prince, representing the Food and Drug Administration (FDA), conducted an inspection of your conduct, as investigator of record, of a clinical study (Protocol No. 41) of the investigational drug Foradil™ (formoterol fumarate) dry powder capsules for inhalation, performed for Novartis Pharmaceuticals Corporation. This inspection is a part of FDA's Bioresearch Monitoring Program, which includes inspections designed to validate clinical studies on which drug approval may be based and to assure that the rights and welfare of the human subjects of these studies have been protected.

From our evaluation of the inspection report and of the documents submitted with that report, we conclude that you adhered to pertinent federal regulations and/or good clinical investigational practices governing your conduct of clinical investigations and the protection of human subjects.

We appreciate the cooperation shown Inspector Prince during the inspection.

Sincerely yours,

/S/

Bette L. Barton, Ph.D., M.D.  
Chief  
Clinical Investigations Branch  
Division of Scientific  
Investigations  
Office of Compliance  
Center for Drug Evaluation  
and Research

Page 2 - Stephen J. Pollard, M.D.

CFN: NA

Field classification: NAI

Headquarters classification:

X 1) NAI

     2) VAI-no response required

     3) VAI-response requested

cc:

HFA-224

HFD-344

HFD-340 r/f

HER-MA400

HER-MA450

HFD-Review Division Div.:570; Dir./Doc. Rm. : NDA #20-831

CSO:PJani; MO:RAnthracite

IND#

r/d:HWJu:

Review Date:

Final Date:SLK

\*The result of Foradil audit sheet was sent to Dr. Anthracite today.

APPEARS THIS WAY  
ON ORIGINAL

Food and Drug Administration  
Rockville MD 20857

JAN 27 1998

Warren W. Pleskow, M.D.  
317 N. El Camino Real, Suite 506  
Encinitas, California 92024

Dear Dr. Pleskow:

On December 2-11, 1997, Mr. Thomas R. Beilke, representing the Food and Drug Administration (FDA), conducted an inspection of your conduct, as investigator of record, of a clinical study (Protocol No. 41) of the investigational drug Foradil™ (formoterol fumarate) dry powder capsules for inhalation, performed for Novartis Pharmaceuticals Corporation. This inspection is a part of FDA's Bioresearch Monitoring Program, which includes inspections designed to validate clinical studies on which drug approval may be based and to assure that the rights and welfare of the human subjects of these studies have been protected.

From our evaluation of the inspection report and of the documents submitted with that report, we conclude that you did adhere to pertinent federal regulations and/or good clinical investigational practices governing your conduct of clinical investigations and the protection of human subjects.

We appreciate the cooperation shown Mr. Beilke during the inspection.

Sincerely yours,

*IS/*  
Bette L. Barton, Ph.D., M.D.  
Chief  
Clinical Investigations Branch  
Division of Scientific  
Investigations  
Office of Compliance  
Center for Drug Evaluation  
and Research

CFN: 2084125

Field classification: NAI

Headquarters classification:

X 1) NAI

    2) VAI-no response required

    3) VAI-response requested

cc:

HFA-224

HFD-344

HFD-340 r/f

HFR-PA200

HFR-PA250

HFD-Review Division Div.:570; Dir./Doc. Rm. : NDA #20-831

CSO:PJani; MO:RAnthracite

IND#

r/d:HWJu:1/5/98

Review Date:AEH:

Review Date:BLB:1/22/98

Final Date:SLK:1/22/98

APPEARS THIS WAY  
ON ORIGINAL

Food and Drug Administration  
Rockville MD 20857

DEC 3 1997

William R. Lumry, M.D.  
AARA Research Center  
9900 N. Central Expressway/Suite 555  
Dallas, Texas 75231

Dear Dr. Lumry:

Between October 28 and November 7, Ms. Kelly J. Pegg, representing the Food and Drug Administration (FDA), conducted an inspection of your conduct, as investigator of record, of a clinical study (Protocol No. 40) of the investigational drug Foradil™ (formoterol fumarate) dry powder capsules for inhalation, performed for Novartis Pharmaceuticals Corporation. This inspection is a part of FDA's Bioresearch Monitoring Program, which includes inspections designed to validate clinical studies on which drug approval may be based and to assure that the rights and welfare of the human subjects of these studies have been protected.

From our evaluation of the inspection report and of the documents submitted with that report, we conclude that you did adhere to pertinent Federal regulations and/or good clinical investigational practices governing your conduct of clinical investigations and the protection of human subjects.

We appreciate the cooperation shown Ms. Pegg during the inspection.

Sincerely yours,

/s/

Bette L. Barton, Ph.D., M.D.  
Chief  
Clinical Investigations Branch  
Division of Scientific  
Investigations  
Office of Compliance  
Center for Drug Evaluation  
and Research

Page 2 - William R. Lumry, M.D.

CFN: 1646875

Field classification: NAI

Headquarters classification:

1) NAI

2) VAI-no response required

3) VAI-response requested

cc:

HFA-224

HFD-344

HFD-340 r/f

HFR-SW100

HFR-SW150

HFD-Review Division Div.:570; Dir./Doc. Rm. : NDA #20-831

CSO:PJani; MO:RAnthracite

IND#

r/d:HWJu:12/2/97

Review Date:AEH:12/3/97

Review Date:BLB:12/3/97

Final Date:SLK:12/3/97

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